

STATE: COMMONWEALTH OF PENNSYLVANIA  
SUPPLEMENT 2 TO ATTACHMENT 3.1A/3.1B

CASE MANAGEMENT SERVICES

A. TARGET GROUP

Adults with severe and persistent mental illness and children with a severe mental illness or emotional disturbance who are eligible for Medical Assistance under the State Plan as categorically needy, (aged, blind, disabled - eligible for SSI and families and children - eligible for AFDC), and medically needy (aged, blind, disabled, families and children).

B. AREAS OF STATE IN WHICH SERVICES WILL BE PROVIDED

Entire state.

C. COMPARABILITY OF SERVICES

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B).

D. DEFINITION OF SERVICES

Under the authority of Section 1915(g) of the Social Security Act, case management services are services which will assist mentally ill individuals eligible under the State Plan in gaining access to needed medical, social, educational and other services. Activities undertaken by staff providing case management services include:

1. Linking With Services

Assisting the person in locating and obtaining services specified in the treatment/services plan including arranging for the person to be established with the appropriate service provider.

2. Monitoring of Service Delivery

Ongoing review of the person's receipt of and participation in services. Contact with the person should be made on a regular basis to determine his or her opinion on progress, satisfaction with the service and/or provider, and any needed revisions to the treatment plan. Contact with program staff should be made on a regular basis to determine if the person is progressing on issues identified in the treatment/service plan and whether the services continue to be

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CASE MANAGEMENT SERVICES

needed and appropriate. A process should be developed for resolution with levels of appeal to be pursued when there is clinical disagreement on the nature and extent of progress a particular person is making.

3. Gaining Access to Services

Aggressive and creative attempts to help the person gain resources and required services identified in the treatment/service plan. This may include home and community visits and other efforts as needed. This does not preclude the client's therapist from accompanying the case manager on these visits. Home and community is defined broadly to include field contacts which may take place on the street, at the person's residence or place of work, psychiatric treatment facilities, rehabilitation programs and other agencies where support or entitlements are available to the recipient. (Medicaid will not be billed for case management service provided to persons in jail.)

4. Assessment and Service Planning

Review of clinical assessment information and general discussion with the person regarding any unmet needs including economic and legal for which the case manager could refer the person to service providers for further evaluation or eligibility determination.

5. Problem Resolution

Active efforts to assist the person in gaining access to needed services and entitlements. Staff should have easy access to communicate with the county MH/MR administration for the purpose of obtaining assistance in resolving issues which prevent a person from receiving needed treatment, rehabilitation and support services. On a systems level, this may include providing information to help plan modifications to existing services or implement new services to meet identified needs and providing information to help plan modifications for accessing resources.

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CASE MANAGEMENT SERVICES

6. Informal Support Network Building

Contact with the person's family (not family counseling or therapy) and friends (with the permission and cooperation of the adult person) to enhance the person's informal support network to meet needs where no organized program of service is available in the community for the purpose of assisting the person in attaining a stable, health and safe living environment. For example, families could provide a stable place for the person to live while participating in treatment and rehabilitation services or family and friends could provide transportation for the person to attend treatment and rehabilitation services.

7. Use of Community Resources

Assistance to persons in identifying, accessing and learning to use community resources appropriately to meet his/her daily living needs. This may include the use of public transportation, recreation facilities, shopping, and etc. This will be done by providing information or for the purpose of assessing the person's need for referral to an appropriate service provider.

E. QUALIFICATIONS OF PROVIDERS

Case management providers must be approved by the Department as meeting the following qualifications:

1. Provide case management services as a separate and distinct service in cooperation with the mental health services system and included in an overall plan of case management services developed annually by the county MH/MR program and approved by the State Office of Mental Health. The plan will specify the providers who are best able to ensure that eligible persons receive needed services and who meet and maintain the provider qualifications stated in the State Plan Amendment.
2. Obtain and maintain written referral agreements with the local county MH/MR program, psychiatric inpatient facilities, partial hospitalization programs, outpatient clinics, community residential rehabilitation facilities, social rehabilitation programs, vocational rehabilitation programs and other agencies as needed to demonstrate that the case management service provider can effectively refer, coordinate, and assist clients in gaining access to needed services.

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CASE MANAGEMENT SERVICES

3. Receive verification from the local county MH/MR program through regular reviews that services are being provided in accordance with the following requirements:
  - a. Services are organized as a separate and identifiable unit within the provider agency's organization. The supervisor must be at a level in the provider agency's organization structure (such as clinical director or equivalent level) which provides the supervisor with sufficient authority to accomplish case management activities.
  - b. Case management supervisors and direct service staff devote full time to case management activities.
  - c. Case management records are maintained for each person served using formats prescribed by the Office of Mental Health which document the name of the person served, the Medical Assistance number, date of service, name of case manager providing the service, the nature and extent of the service, units of billable service, and place of service.
  - d. Case management staff are assigned with the participation and agreement of the persons with mental illness.
  - e. Case management services are provided directly by a staff person who must have (a) a bachelor's degree with major course work in sociology, social work, psychology, gerontology, anthropology, other related social sciences, criminal justice, theology, nursing, counseling, or education; or (b) a registered nurse diploma; or (c) a high school diploma and 12 semester credit hours in sociology, social welfare, psychology, gerontology, or other social science and two years experience in direct contact with mental health consumers; or (d) a high school diploma and five years of mental health direct care experience in public or private human services with employment as a [an intensive] case management staff person prior to April 1, 1989. Case management staff persons must be supervised by a staff person who must have at least a bachelor's degree in sociology, social work, psychology, gerontology, anthropology, nursing, other related social sciences, criminal justice, theology, counseling, or education, and have two years mental health direct care experience, or be a registered nurse and have three years mental health direct care experience.

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CASE MANAGEMENT SERVICES

Mental health direct care experience is working directly with mental health service consumers (adult or children) providing services involving casework or case management, individual or group therapy, crisis intervention, early intervention, vocational training, residential care, or social rehabilitation in a mental health facility or in a facility or program that is publicly funded to provide services to mental health consumers, or in a nursing home, a juvenile justice agency, or a children and adolescent service agency. The supervisor may provide direct services. Job descriptions are reviewed and approved by the Department to assure that the job descriptions accurately reflect assigned duties. Staff must receive ongoing training and orientation needed to perform their duties at an advanced level. Staff are required to attend case management training provided by the Office of Mental Health.

- f. Case management staff who were employed as mental health targeted case management supervisors and workers prior to September 1, 1993 under federal standards existing prior to April 1, 1993 are exempt from the qualification standards set forth in paragraph "e."
- g. Case managers are to refer persons to services provided by other agencies which are appropriate to the clients' needs. If the agency or organization providing case management services also provides other treatment, rehabilitation or support services, the agency or organization must:
  - 1) not restrict the person's freedom of choice of needed services and provider agencies where needed services (including case management) are available;
  - 2) fully disclose the fact that the agency is or may be performing other direct services which could be obtained at another agency if the person so desires;

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STATE: COMMONWEALTH OF PENNSYLVANIA  
SUPPLEMENT 2 TO ATTACHMENT 3.1A/3.1B

CASE MANAGEMENT SERVICES

- 3) provide each person a listing of mental health treatment, rehabilitation and support services, available within a reasonable proximity to the person's home where needed services could be obtained and if the person so desires, the case manager assists the person in obtaining those services; and
  - 4) document that the above information has been reviewed and understood by the person.
- g. The number of persons on a case manager's case load must be based on the intensity of the persons' needs for service but shall not exceed 100 persons.
  - h. Case management services are provided as defined in this plan amendment.
  - i. Case management services are to be provided as frequently and timely as the person needs assistance from the assigned case manager. Services are provided for the duration of time needed as determined by the provider and the person on an individual basis. Case management staff are available to assigned persons when and where needed which includes where the person resides or needs the service. Regular work hours are flexible and may include evenings and weekends.
  - j. Case management services may be provided to individuals to assist them to gain access to general hospitals or to public or private psychiatric hospitals. This includes preparing the individual for admission prior to admission. These activities may not duplicate or replace the institution's responsibility for carrying out admissions procedures. Case management services provided on the day of admission prior to admission which are unrelated to hospitalization are also compensable.
  - k. Case managers may work with individuals on their caseload who are in psychiatric units of general hospitals or in public or private psychiatric hospitals for a period not exceeding 30 days

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CASE MANAGEMENT SERVICES

prior to the estimated date of discharge. In these instances, the case manager's activities are limited to monitoring the individual's progress and locating and obtaining services for the individual after discharge. These activities may not duplicate or replace the institution's responsibility to provide discharge planning and continuity of care.

1. In order to monitor the status of individuals on their caseloads, case managers may make one contact per week with a patient in a general hospital, rehabilitation hospital, or nursing home for a period of eight weeks, unless the patient is in a psychiatric unit of the facility.
- m. Billing for a case manager's services to an inpatient may be made only in the event that the inpatient participates in case management services after discharge.
- n. These services are not covered for individuals where the IMD exclusion applies.
4. Provide financial and service rendered information to the county MH/MR program on a regular basis using forms prescribed by the State Office of Mental Health (single state agency) as well as other information required by the county MH/MR program specific to case management services.
5. Agrees to be audited by the county MH/MR program and have program quality monitored as it relates to Medicaid reimbursement for case management services.
- F. The provision of case management services will be limited to providers best able to provide case management services to persons with severe and persistent mental illness as described in Item E above in accordance with Section 1915(g)(1) of the Act.
  1. Eligible recipients will have choice of the approved providers of case management services.
  2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan shall not duplicate payments to public agencies or private entities under other program authorities for this same purpose.

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